

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>RT</i>		5-31-00
O.I.P.E. CLASSIFIER		<i>43</i>	6/1/00
FORMALITY REVIEW		<i>6787</i>	8-3-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted                      O ..... Objected

Claim	Date
Final	
Original	
1	6/2/00
2	6/2/00
3	6/2/00
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50	6/2/00

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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